|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Workplace/ Activity (or part):** |  | | | **No. of Employees:** |  |
| **Assessment carried out by:** |  | **Date:** |  | **Assessment No:** |  |

**Hazards and Potential Injuries**

|  |  |
| --- | --- |
| **Major Hazards** (arising from risk assessment) | **Potential Injuries** (from risk assessments and accident history) |
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**Considerations**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Inexperienced workers or those with disabilities or health problems |  | Injuries & illness have previously occurred |  | Employees who travel, work remotely or work alone, shifts or out of hours |  | Visitors and members of the public |  |
|  |  |  |  |  |  |  |  |
| Premises spread out across several buildings/floors |  | Remoteness from emergency medical services |  | Employees working at sites occupied by other employers |  | Planned and unplanned absences of first aiders/appointed persons |  |

**First Aid Resources Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Persons & Locations** | |  | **Equipment and Facilities** | |
| **Appointed Persons** |  |  |  | |
| **Emergency First Aiders** |  |  |  | |
| **First Aiders** |  |  |  | |
| **Additional training** |  |  | **Types** |  |

**Remedial Action Plan** (In order of priority)

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be Taken** | **Person Responsible** | **Target Date** | **Completion Date** |
|  |  |  |  |
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**Annual Review** (Corrective action to be added to the list above)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1st Review** |  | **2nd Review** |  | **3rd Review** |  | **4th Review** |  | **5th Review** |
| **Reviewed by:** |  |  |  |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |  |  |  |